

**FEC  
FORM 3****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type  
over the lines.

12FE4M5

Friends of Nan Hayworth

ADDRESS (number and street)

P.O. Box 394

Check if different  
than previously  
reported. (ACC)

Fishkill

NY

12524

2. FEC IDENTIFICATION NUMBER ▼

C

C00466490

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

NY

18

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M /

D D /

Y Y Y Y

in the  
State of(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the  
State of

5. Covering Period

M M /

D D /

Y Y Y Y

through

M M /

D D /

Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Kevin Jahns

Signature of Treasurer

Kevin Jahns

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3**  
(Revised 02/2003)

# SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

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Write or Type Committee Name

**Friends of Nan Hayworth**

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	1		2	0	1	3

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	3

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	145549.99	483184.65
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	6100.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) .....	145549.99	477084.65
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	36241.89	267703.55
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	10959.74
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) .....	36241.89	256743.81
8. Cash on Hand at Close of Reporting Period (from Line 27).....	440584.02	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	748215.81	

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3 (Revised 12/2003)

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Write or Type Committee Name

Friends of Nan Hayworth

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	1		2	0	1	3

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	3

**I. RECEIPTS**
**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date

## 11. CONTRIBUTIONS (other than loans) FROM:

## (a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

135750.00

453520.23

(ii) Unitemized.....

2049.99

2399.99

(iii) TOTAL of contributions from individuals ▶

137799.99

455920.22

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees (such as PACs).....

7750.00

27264.43

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

145549.99

483184.65

## 12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....

0.00

148.81

## 13. LOANS:

(a) Made or Guaranteed by the Candidate.....

8527.39

132060.84

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

8527.39

132060.84

## 14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....

0.00

10959.74

## 15. OTHER RECEIPTS (Dividends, Interest, etc.) .....

0.20

14.37

## 16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

154077.58

626368.41

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 58

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	36241.89	267703.55
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	63500.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	63500.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	6100.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	6100.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	36241.89	337303.55

## **III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	322748.33
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	154077.58
25. SUBTOTAL (add Line 23 and Line 24).....	476825.91
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	36241.89
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	440584.02

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 5 OF 58

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Friends of Nan Hayworth**

Full Name (Last, First, Middle Initial)

**JOSEPH BERARDO****A.**

Mailing Address 201 RIVER MIST WAY

City

BRIELLE

State

NJ

Zip Code

08730-1473

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MAGNACARE

Occupation

CEO

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		29		2013

**Transaction ID : SA11.8246**

Amount of Each Receipt this Period

2600.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**RALPH BERNSTEIN****B.**

Mailing Address 235 BALDWIN ROAD

City

MT. KISCO

State

NY

Zip Code

10549-4819

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AMERICA'S TOWER PARTNERS

Occupation

FINANCIAL ADVISOR

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		19		2013

**Transaction ID : SA11.8232**

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**CATHERINE BIDDLE****C.**

Mailing Address 53 ELMWOOD ROAD

City

SOUTH SALEM

State

NY

Zip Code

10590-1918

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

UNEMPLOYED

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2013

**Transaction ID : SA11.8327**

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

4100.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**Friends of Nan Hayworth**

Full Name (Last, First, Middle Initial)

**ROBERT L. BILLINGSLEY****A.**

Mailing Address 6 RAMPART PASS

City

WACCABUC

State

NY

Zip Code

10597-1017

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CASSIDY TURLEY

Occupation

REAL ESTATE BROKER

Receipt For: 2014

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2013

**Transaction ID : SA11.8270**

Amount of Each Receipt this Period

1500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**PHILIP C. BONANNO****B.**

Mailing Address 47 HAIGHTS CROSS ROAD

City

CHAPPAQUA

State

NY

Zip Code

10514-2906

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For: 2014

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		08		2013

**Transaction ID : SA11.8118**

Amount of Each Receipt this Period

1500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**DAVID L. BRONSON****C.**

Mailing Address 70 OLD PLANK LANE

City

MORELAND HILLS

State

OH

Zip Code

44022-2402

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CLEVELAND CLINIC

Occupation

PHYSICIAN/EXECUTIVE

Receipt For: 2014

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2013

**Transaction ID : SA11.8251**

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....

4000.00

**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**Friends of Nan Hayworth**

Full Name (Last, First, Middle Initial)

**SUSAN L. CARLSON****A.**

Mailing Address 620 GUARD HILL ROAD

City

BEDFORD

State

NY

Zip Code

10506-1041

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

INTERIOR DESIGNER

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2013

**Transaction ID : SA11.8282**

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**LISA M. CATHIE****B.**

Mailing Address 22 CUOMO DR.

City

HIGHLAND

State

NY

Zip Code

12528-2305

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ULSTER SAVINGS BANK

Occupation

PRESIDENT

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2013

**Transaction ID : SA11.8244**

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**NICK CITERA****C.**

Mailing Address 1089 LITTLE BRITAIN ROAD

City

NEW WINDSOR

State

NY

Zip Code

12553-7215

FEC ID number of contributing  
federal political committee.

C

Name of Employer

COSIMO'S RESTAURANT GROUP

Occupation

PARTNER

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2013

**Transaction ID : SA11.8253**

Amount of Each Receipt this Period

1500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

3000.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Friends of Nan Hayworth

Full Name (Last, First, Middle Initial)

PATRICK CLINE

A.

Mailing Address 2707 YORK CT.

City

SOUTHLAKE

State

TX

Zip Code

76092-8871

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

RETIRED

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

3000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2013

Transaction ID : SA11.8238

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

PATRICK CLINE

B.

Mailing Address 2707 YORK CT.

City

SOUTHLAKE

State

TX

Zip Code

76092-8871

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

RETIRED

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

3000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2013

Transaction ID : SA11.8238B

Amount of Each Receipt this Period

-400.00

CONTRIBUTION

**[MEMO ITEM]**  
REDESIGNATION TO GENERAL

Full Name (Last, First, Middle Initial)

PATRICK CLINE

C.

Mailing Address 2707 YORK CT.

City

SOUTHLAKE

State

TX

Zip Code

76092-8871

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

RETIRED

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

3000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2013

Transaction ID : SA11.8303

Amount of Each Receipt this Period

400.00

CONTRIBUTION

**[MEMO ITEM]**  
REDESIGNATION FROM PRIMARY

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2000.00



**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 9 OF 58

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**Friends of Nan Hayworth**

Full Name (Last, First, Middle Initial)

**EUGENE F. CONROY****A.**

Mailing Address P.O. BOX 46

City

WACCABUC

State

NY

Zip Code

10597-0046

FEC ID number of contributing  
federal political committee.

C

Name of Employer

COMMUNITY HOUSING CORPORATION

Occupation

PRESIDENT

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		30		2013

**Transaction ID : SA11.8285**

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**MARIA J. D'AVANZO****B.**

Mailing Address 85 PRIMROSE STREET

City

KATONAH

State

NY

Zip Code

10536-3105

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CUSHMAN &amp; WAKEFIELD

Occupation

ATTORNEY

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		29		2013

**Transaction ID : SA11.8247**

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**DONALD R. DIXON****C.**

Mailing Address 62 LIDA VISTA AVENUE

City

ATHERTON

State

CA

Zip Code

94027-5429

FEC ID number of contributing  
federal political committee.

C

Name of Employer

TRIDENT CAPITAL

Occupation

VENTURE CAPITAL

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		30		2013

**Transaction ID : SA11.8277**

Amount of Each Receipt this Period

2600.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....

5100.00

**TOTAL** This Period (last page this line number only).....

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 10 OF 58

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Friends of Nan Hayworth

Full Name (Last, First, Middle Initial)

ALLAN H. FARQUHAR

Mailing Address 171 S. WHITEROCK ROAD

City  
HOLMESState  
NYZip Code  
12531-5406FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MOUNT KISCO MEDICAL GROUPOccupation  
PHYSICIAN

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2013

Transaction ID : SA11.8263

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

CHRISTINA FISHER

Mailing Address 6565 W SUNSET BLVD

City  
LOS ANGELESState  
CAZip Code  
90028-7206FEC ID number of contributing  
federal political committee.

C

Name of Employer  
REVENUE CYCLE MANAGEMENT SERVICESOccupation  
INVENTURUS KNOWLEDGE SOLUTIONS

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		02		2013

Transaction ID : SA11.8115

Amount of Each Receipt this Period

2600.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

LAWRENCE FLEISCHER

Mailing Address 23 MILLER ROAD

City  
POUND RIDGEState  
NYZip Code  
10576-2205FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYEDOccupation  
CONSULTANT

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2013

Transaction ID : SA11.8272

Amount of Each Receipt this Period

2600.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

5700.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 11 OF 58

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Friends of Nan Hayworth

Full Name (Last, First, Middle Initial)

APRIL HOXIE FOLEY

A.

Mailing Address 45 SMITH RIDGE ROAD

City

SOUTH SALEM

State

NY

Zip Code

10590-1923

FEC ID number of contributing  
federal political committee.

C

Name of Employer

XERIUM TECHNOLOGIES

Occupation

EXECUTIVE

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

5200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2013

Transaction ID : SA11.8279

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

APRIL HOXIE FOLEY

Mailing Address 45 SMITH RIDGE ROAD

City

SOUTH SALEM

State

NY

Zip Code

10590-1923

FEC ID number of contributing  
federal political committee.

C

Name of Employer

XERIUM TECHNOLOGIES

Occupation

EXECUTIVE

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

5200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2013

Transaction ID : SA11.8280

Amount of Each Receipt this Period

2100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

APRIL HOXIE FOLEY

Mailing Address 45 SMITH RIDGE ROAD

City

SOUTH SALEM

State

NY

Zip Code

10590-1923

FEC ID number of contributing  
federal political committee.

C

Name of Employer

XERIUM TECHNOLOGIES

Occupation

EXECUTIVE

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

5200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2013

Transaction ID : SA11.8281

Amount of Each Receipt this Period

2600.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

5200.00

TOTAL This Period (last page this line number only).....

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 58

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

Full Name (Last, First, Middle Initial)

**SCOTT FOWLER**

Mailing Address 1258 RIDGE TOP DRIVE

City  
**KINGSPORT**

State Zip Code  
**TN 37664-5566**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**HMG**

Occupation  
**CEO**

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

**2000.00**

Date of Receipt

**09 / 28 / 2013**

**Transaction ID : SA11.8242**

Amount of Each Receipt this Period

**2000.00**

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**AMY M. FOX**

Mailing Address 15750 OLD WEDGEWOOD CT.

City  
**FORT MYERS**

State Zip Code  
**FL 33908-7209**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**21ST CENTURY ONCOLOGY**

Occupation  
**PHYSICIAN**

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

**5000.00**

Date of Receipt

**09 / 27 / 2013**

**Transaction ID : SA11.8241**

Amount of Each Receipt this Period

**5000.00**

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**AMY M. FOX**

Mailing Address 15750 OLD WEDGEWOOD CT.

City  
**FORT MYERS**

State Zip Code  
**FL 33908-7209**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**21ST CENTURY ONCOLOGY**

Occupation  
**PHYSICIAN**

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

**5000.00**

Date of Receipt

**09 / 27 / 2013**

**Transaction ID : SA11.8241B**

Amount of Each Receipt this Period

**-2400.00**

CONTRIBUTION

**[MEMO ITEM]**  
**REDESIGNATION TO GENERAL**

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**7000.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 13 OF 58

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**Friends of Nan Hayworth**

Full Name (Last, First, Middle Initial)

**AMY M. FOX****A.**

Mailing Address 15750 OLD WEDGEWOOD CT.

City

FORT MYERS

State

FL

Zip Code

33908-7209

FEC ID number of contributing  
federal political committee.

C

Name of Employer

21ST CENTURY ONCOLOGY

Occupation

PHYSICIAN

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		27		2013

Transaction ID : SA11.8305

Amount of Each Receipt this Period

2400.00

CONTRIBUTION

**[MEMO ITEM]**

REDESIGNATION FROM PRIMARY

Full Name (Last, First, Middle Initial)

**DANIEL H. GALMARINI****B.**

Mailing Address 104 HISPANIOLA LANE

City

BONITA SPRINGS

State

FL

Zip Code

34134-8519

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RADIATION THERAPY SERVICES, INC.

Occupation

PHYSICIST

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		25		2013

Transaction ID : SA11.8236

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**ANTHONY GIORDANO****C.**

Mailing Address 672 OLD POST ROAD

City

BEDFORD

State

NY

Zip Code

10506-1211

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ELM STREET PARTNERS, LLC

Occupation

REAL ESTATE INVESTOR

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2013

Transaction ID : SA11.8260

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

2500.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 14 OF 58

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Friends of Nan Hayworth

Full Name (Last, First, Middle Initial)

JENNIFER GREEN

A.

Mailing Address 3749 FOUR OAKS BLVD.

City

TALLAHASSEE

State

FL

Zip Code

32311-3600

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LIBERTY PARTNERS OF TALLAHASSEE

Occupation

CONSULTANT

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

5200.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		30		2013

Transaction ID : SA11.8252

Amount of Each Receipt this Period

5200.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

JENNIFER GREEN

B.

Mailing Address 3749 FOUR OAKS BLVD.

City

TALLAHASSEE

State

FL

Zip Code

32311-3600

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LIBERTY PARTNERS OF TALLAHASSEE

Occupation

CONSULTANT

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

5200.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		30		2013

Transaction ID : SA11.8252B

Amount of Each Receipt this Period

-2600.00

CONTRIBUTION

[MEMO ITEM]

REDESIGNATION TO GENERAL

Full Name (Last, First, Middle Initial)

JENNIFER GREEN

C.

Mailing Address 3749 FOUR OAKS BLVD.

City

TALLAHASSEE

State

FL

Zip Code

32311-3600

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LIBERTY PARTNERS OF TALLAHASSEE

Occupation

CONSULTANT

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

5200.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		30		2013

Transaction ID : SA11.8313

Amount of Each Receipt this Period

2600.00

CONTRIBUTION

[MEMO ITEM]

REDESIGNATION FROM PRIMARY

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

5200.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 15 OF 58

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**Friends of Nan Hayworth**

Full Name (Last, First, Middle Initial)

**SCOTT D. HAYWORTH****A.**

Mailing Address 214 MCLAIN STREET

City

MOUNT KISCO

State

NY

Zip Code

10549-4931

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MOUNT KISCO MEDICAL GROUP

Occupation

C.E.O.

Receipt For: 2014

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

5200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2013

**Transaction ID : SA11.8318**

Amount of Each Receipt this Period

2600.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**SCOTT D. HAYWORTH****B.**

Mailing Address 214 MCLAIN STREET

City

MOUNT KISCO

State

NY

Zip Code

10549-4931

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MOUNT KISCO MEDICAL GROUP

Occupation

C.E.O.

Receipt For: 2014

☐ Primary    ☒ General  
☐ Other (specify)

Election Cycle-to-Date

5200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2013

**Transaction ID : SA11.8319**

Amount of Each Receipt this Period

2600.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**PETER B. HENNESSY****C.**

Mailing Address 56 INDIAN HILL ROAD

City

BEDFORD

State

NY

Zip Code

10506-1206

FEC ID number of contributing  
federal political committee.

C

Name of Employer

JOHNS LANG LASALLE

Occupation

REAL ESTATE

Receipt For: 2014

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		15		2013

**Transaction ID : SA11.8228**

Amount of Each Receipt this Period

1500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....

6700.00

**TOTAL** This Period (last page this line number only).....

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 16 OF 58

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Friends of Nan Hayworth

Full Name (Last, First, Middle Initial)

MARTHA G. HENNIG

A.

Mailing Address P.O. BOX 660

City

BEDFORD

State

NY

Zip Code

10506-0660

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

HOMEMAKER

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		30		2013

Transaction ID : SA11.8286

Amount of Each Receipt this Period

300.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

MARTHA G. HENNIG

B.

Mailing Address P.O. BOX 660

City

BEDFORD

State

NY

Zip Code

10506-0660

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

HOMEMAKER

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		30		2013

Transaction ID : SA11.8287

Amount of Each Receipt this Period

200.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

RICHARD F. JACOBSON

C.

Mailing Address 52 VILLAGE WAY

City

BRANCHBURG

State

NJ

Zip Code

08876-3347

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NEXT MEDICAL PRODUCTS

Occupation

PRESIDENT

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
07		03		2013

Transaction ID : SA11.8116

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1500.00



# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 17 OF 58

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Friends of Nan Hayworth

Full Name (Last, First, Middle Initial)

AUSTIN JOHNSON

A.

Mailing Address 63 COTTONWOOD LANE

City

BRIARCLIFF MANOR

State

NY

Zip Code

10510-2140

FEC ID number of contributing  
federal political committee.

C

Name of Employer

STUDENT

Occupation

STUDENT

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

3500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		30		2013

Transaction ID : SA11.8296

Amount of Each Receipt this Period

2600.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

AUSTIN JOHNSON

B.

Mailing Address 63 COTTONWOOD LANE

City

BRIARCLIFF MANOR

State

NY

Zip Code

10510-2140

FEC ID number of contributing  
federal political committee.

C

Name of Employer

STUDENT

Occupation

STUDENT

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

3500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		30		2013

Transaction ID : SA11.8297

Amount of Each Receipt this Period

900.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

LAURA JOHNSON

C.

Mailing Address 63 COTTONWOOD LANE

City

BRIARCLIFF MANOR

State

NY

Zip Code

10510-2140

FEC ID number of contributing  
federal political committee.

C

Name of Employer

STUDENT

Occupation

STUDENT

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

3500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		30		2013

Transaction ID : SA11.8298

Amount of Each Receipt this Period

2600.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

6100.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 18 OF 58

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Friends of Nan Hayworth

Full Name (Last, First, Middle Initial)

LAURA JOHNSON

A.

Mailing Address 63 COTTONWOOD LANE

City

BRIARCLIFF MANOR

State

NY

Zip Code

10510-2140

FEC ID number of contributing  
federal political committee.

C

Name of Employer

STUDENT

Occupation

STUDENT

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

3500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		30		2013

Transaction ID : SA11.8299

Amount of Each Receipt this Period

900.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

PAUL J. KARP

B.

Mailing Address 21 HICKORY DRIVE

City

CAMPBELL HALL

State

NY

Zip Code

10916-3323

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WILSON, ELSE

Occupation

ATTORNEY

Receipt For: 2014

☒ Primary  
☐ Other (specify)
☐ General

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		30		2013

Transaction ID : SA11.8288

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

THOMAS J. KAVALER

C.

Mailing Address 80 PINE STREET, 17TH FLOOR

City

NEW YORK

State

NY

Zip Code

10005-1716

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CAHILL, GORDON, REINDELL, LLC

Occupation

ATTORNEY

Receipt For: 2014

☒ Primary  
☐ Other (specify)
☐ General

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		30		2013

Transaction ID : SA11.8258

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2400.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 19 OF 58

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Friends of Nan Hayworth

Full Name (Last, First, Middle Initial)

JOHN KILGALLON

A.

Mailing Address 121 BUXTON ROAD

City

BEDFORD HILLS

State

NY

Zip Code

10507-2310

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CITADEL, LLC

Occupation

FINANCE

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		16		2013

Transaction ID : SA11.8229

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

MR. LEWIS KOHL

B.

Mailing Address 279 HAWLEY ROAD

City

NORTH SALEM

State

NY

Zip Code

10560-2603

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MOUNT KISCO MEDICAL GROUP

Occupation

PHYSICIAN

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		30		2013

Transaction ID : SA11.8271

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

COL. ANDREW B. LEIDER

C.

Mailing Address 2629 ROUTE 302

City

MIDDLETOWN

State

NY

Zip Code

10941-3227

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF

Occupation

ATTORNEY

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

5200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		30		2013

Transaction ID : SA11.8325

Amount of Each Receipt this Period

2600.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

4600.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 20 OF 58

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**Friends of Nan Hayworth**

Full Name (Last, First, Middle Initial)

**COL. ANDREW B. LEIDER****A.**

Mailing Address 2629 ROUTE 302

City

MIDDLETOWN

State

NY

Zip Code

10941-3227

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF

Occupation

ATTORNEY

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

5200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		30		2013

**Transaction ID : SA11.8326**

Amount of Each Receipt this Period

2600.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**MARIA T. LEPORE****B.**

Mailing Address 11 MARIE COURT

City

POUGHKEEPSIE

State

NY

Zip Code

12601-5657

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LCS FACILITY GROUP, INC.

Occupation

OWNER

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		30		2013

**Transaction ID : SA11.8324**

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**JEFFREY LEVITAN****C.**

Mailing Address 8 MANOR POND LANE

City

IRVINGTON

State

NY

Zip Code

10533-2412

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PROSKAUER ROSE

Occupation

ATTORNEY

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		30		2013

**Transaction ID : SA11.8256**

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

5350.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Friends of Nan Hayworth

Full Name (Last, First, Middle Initial)

JANET S. LEVY

A.

Mailing Address 14 DEVOE ROAD

City

CHAPPAQUA

State

NY

Zip Code

10514-3603

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

HOMEMAKER

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		29		2013

Transaction ID : SA11.8249

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

ROSS S. LEVY

B.

Mailing Address 14 DEVOE ROAD

City

CHAPPAQUA

State

NY

Zip Code

10514-3603

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MOUNT KISCO MEDICAL GROUP

Occupation

PHYSICIAN

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		29		2013

Transaction ID : SA11.8248

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

KEVIN MCDERMOTT

C.

Mailing Address 300 TARA HILL DRIVE

City

STROUDSBURG

State

PA

Zip Code

18360-9309

FEC ID number of contributing  
federal political committee.

C

Name of Employer

APTALIS PHARMA

Occupation

VP MANAGED MARKETS

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		25		2013

Transaction ID : SA11.8237

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

5000.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 OF 58

(check only one)

☒ 11a 12 ☐ 11b 13a ☐ 11c 13b ☐ 11d 14 ☐ 15

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

**A.** Full Name (Last, First, Middle Initial)  
**JASON MCKITRICK**

Mailing Address **6339 CAVALIER CORRIDOR**

City **FALLS CHURCH** State **VA** Zip Code **22044-1301**

FEC ID number of contributing federal political committee. **C**

Name of Employer **LIBERTY PARTNERS GROUP** Occupation **PARTNER**

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
**5200.00**

Date of Receipt

**09** / **27** / **2013**

Transaction ID : **SA11.8240**

Amount of Each Receipt this Period

**5200.00**

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**JASON MCKITRICK**

Mailing Address **6339 CAVALIER CORRIDOR**

City **FALLS CHURCH** State **VA** Zip Code **22044-1301**

FEC ID number of contributing federal political committee. **C**

Name of Employer **LIBERTY PARTNERS GROUP** Occupation **PARTNER**

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
**5200.00**

Date of Receipt

**09** / **27** / **2013**

Transaction ID : **SA11.8240B**

Amount of Each Receipt this Period

**-2600.00**

CONTRIBUTION

**[MEMO ITEM]**  
**REDESIGNATION TO GENERAL**

**C.** Full Name (Last, First, Middle Initial)  
**JASON MCKITRICK**

Mailing Address **6339 CAVALIER CORRIDOR**

City **FALLS CHURCH** State **VA** Zip Code **22044-1301**

FEC ID number of contributing federal political committee. **C**

Name of Employer **LIBERTY PARTNERS GROUP** Occupation **PARTNER**

Receipt For: 2014  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date  
**5200.00**

Date of Receipt

**09** / **27** / **2013**

Transaction ID : **SA11.8311**

Amount of Each Receipt this Period

**2600.00**

CONTRIBUTION

**[MEMO ITEM]**  
**REDESIGNATION FROM PRIMARY**

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**5200.00**

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 23 OF 58

(check only one)

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12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**Friends of Nan Hayworth**

Full Name (Last, First, Middle Initial)

**PETER MERCURIO****A.**

Mailing Address 73 OLD OSCALETA ROAD

City

SOUTH SALEM

State

NY

Zip Code

10590-1202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WESTCHESTER HEALTH ASSOC.

Occupation

PHYSICIAN

Receipt For: 2014

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		30		2013

**Transaction ID : SA11.8266**

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**WAYNE NUSSBICKEL****B.**

Mailing Address 3596 ROUTE 82

City

MILLBROOK

State

NY

Zip Code

12545-6033

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N&amp;S SUPPLY

Occupation

PARTNER

Receipt For: 2014

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		29		2013

**Transaction ID : SA11.8245**

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**MR. JOHN J. ORICCHIO****C.**

Mailing Address 5 HEERDT FARM LANE

City

POUND RIDGE

State

NY

Zip Code

10576-1617

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MOUNT KISCO MEDICAL GROUP

Occupation

PODIATRIST

Receipt For: 2014

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		30		2013

**Transaction ID : SA11.8276**

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

1000.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 24 OF 58

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Friends of Nan Hayworth

Full Name (Last, First, Middle Initial)

SHARON PATRICE

A.

Mailing Address 245 OSPREY POINT DRIVE

City

OSPREY

State

FL

Zip Code

34229-9234

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

HOMEMAKER

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

5200.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		30		2013

Transaction ID : SA11.8255

Amount of Each Receipt this Period

5200.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

SHARON PATRICE

B.

Mailing Address 245 OSPREY POINT DRIVE

City

OSPREY

State

FL

Zip Code

34229-9234

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

HOMEMAKER

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

5200.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		30		2013

Transaction ID : SA11.8255B

Amount of Each Receipt this Period

-2600.00

CONTRIBUTION

[MEMO ITEM]

REDESIGNATION TO GENERAL

Full Name (Last, First, Middle Initial)

SHARON PATRICE

C.

Mailing Address 245 OSPREY POINT DRIVE

City

OSPREY

State

FL

Zip Code

34229-9234

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

HOMEMAKER

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

5200.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		30		2013

Transaction ID : SA11.8317

Amount of Each Receipt this Period

2600.00

CONTRIBUTION

[MEMO ITEM]

REDESIGNATION FROM PRIMARY

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

5200.00



# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 25 OF 58

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Friends of Nan Hayworth

Full Name (Last, First, Middle Initial)

A. DR. JONATHAN Z. POTACK

Mailing Address 47 PALMER AVE.

City

SCARSDALE

State

NY

Zip Code

10583-7101

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MOUNT SINAI MEDICAL CENTER

Occupation

PHYSICIAN

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		05		2013

Transaction ID : SA11.8219

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. CAROL M. PRESTIANO

Mailing Address 27 DEERFIELD LANE

City

CORTLANDT MANOR

State

NY

Zip Code

10567-6217

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

HOMEMAKER

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2013

Transaction ID : SA11.8268

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. JEFFREY ROSENBERG

Mailing Address 162 N MAIN ST

City

FLORIDA

State

NY

Zip Code

10921-1042

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BIG V PROPERTIES

Occupation

OWNER

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

5200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		12		2013

Transaction ID : SA11.8227

Amount of Each Receipt this Period

5200.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

6450.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**Full Name (Last, First, Middle Initial)  
**A. JEFFREY ROSENBERG**

Mailing Address 162 N MAIN ST

City	State	Zip Code
FLORIDA	NY	10921-1042

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BIG V PROPERTIESOccupation  
OWNER

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

5200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		12		2013

Transaction ID : SA11.8227B

Amount of Each Receipt this Period

-2600.00

CONTRIBUTION

**[MEMO ITEM]**  
REDESIGNATION TO GENERALFull Name (Last, First, Middle Initial)  
**B. JEFFREY ROSENBERG**

Mailing Address 162 N MAIN ST

City	State	Zip Code
FLORIDA	NY	10921-1042

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BIG V PROPERTIESOccupation  
OWNER

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

5200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		12		2013

Transaction ID : SA11.8307

Amount of Each Receipt this Period

2600.00

CONTRIBUTION

**[MEMO ITEM]**  
REDESIGNATION FROM PRIMARYFull Name (Last, First, Middle Initial)  
**C. DANIEL RUBINO**

Mailing Address 81 MORNINGSID DRIVE

City	State	Zip Code
MILFORD	CT	06460-7715

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GCA CAPITAL LLCOccupation  
MERCHANT BANKER / ATTORNEY

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2013

Transaction ID : SA11.8262

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

1000.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

FOR LINE NUMBER: PAGE 27 OF 58

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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 NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

 Full Name (Last, First, Middle Initial)  
**A. CHRISTOPHER W. RUDDY**

Mailing Address 1120 BEAR ISLAND DRIVE

City	State	Zip Code
WEST PALM BEACH	FL	33409-2005

FEC ID number of contributing federal political committee.

C

 Name of Employer  
 NEWSMAX MEDIA

 Occupation  
 CEO

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2013

Transaction ID : SA11.8291

Amount of Each Receipt this Period

1500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**B. JANUSZ Z. RUDNICKI**

Mailing Address 20 MANOR DR.

City	State	Zip Code
GOLDENS BRIDGE	NY	10526-1204

FEC ID number of contributing federal political committee.

C

 Name of Employer  
 MKMG

 Occupation  
 PHYSICIAN

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2013

Transaction ID : SA11.8265

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**C. ROBERT D. RYAN**

Mailing Address 1039 ROUTE 35

City	State	Zip Code
CROSS RIVER	NY	10518-1114

FEC ID number of contributing federal political committee.

C

 Name of Employer  
 RENDE RYAN & DOWNES, LLP

 Occupation  
 ATTORNEY

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2013

Transaction ID : SA11.8269

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3500.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 28 OF 58

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Friends of Nan Hayworth

Full Name (Last, First, Middle Initial)

DEAN RYDER

A.

Mailing Address P.O. BOX 10

City

CARMEL

State

NY

Zip Code

10512-0010

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PUTNAM COUNTY NATIONAL BANK

Occupation

BANKER

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
08		01		2013

Transaction ID : SA11.8224

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

DANIEL SHAPIRO

B.

Mailing Address 9 DICKSON LANE

City

MOUNT KISCO

State

NY

Zip Code

10549-1124

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MOUNT KISCO MEDICAL GROUP

Occupation

PHYSICIAN

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		30		2013

Transaction ID : SA11.8264

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

JOSEPH SIMONE

C.

Mailing Address 3 WHITE OAK CIRCLE

City

PURCHASE

State

NY

Zip Code

10577-1124

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SIMONE DEVELOPMENT COMPANIES

Occupation

DEVELOPER

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		30		2013

Transaction ID : SA11.8329

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3000.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 29 OF 58

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Friends of Nan Hayworth

Full Name (Last, First, Middle Initial)

MARK SMITH

A.

Mailing Address 1326 BAYLISS DRIVE

City

ALEXANDRIA

State

VA

Zip Code

22302-3510

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LIBERTY PARTNERS GROUP

Occupation

CONSULTANT

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

5200.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		30		2013

Transaction ID : SA11.8254

Amount of Each Receipt this Period

5200.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

MARK SMITH

B.

Mailing Address 1326 BAYLISS DRIVE

City

ALEXANDRIA

State

VA

Zip Code

22302-3510

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LIBERTY PARTNERS GROUP

Occupation

CONSULTANT

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

5200.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		30		2013

Transaction ID : SA11.8254B

Amount of Each Receipt this Period

-2600.00

CONTRIBUTION

[MEMO ITEM]

REDESIGNATION TO GENERAL

Full Name (Last, First, Middle Initial)

MARK SMITH

C.

Mailing Address 1326 BAYLISS DRIVE

City

ALEXANDRIA

State

VA

Zip Code

22302-3510

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LIBERTY PARTNERS GROUP

Occupation

CONSULTANT

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

5200.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		30		2013

Transaction ID : SA11.8315

Amount of Each Receipt this Period

2600.00

CONTRIBUTION

[MEMO ITEM]

REDESIGNATION FROM PRIMARY

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

5200.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 30 OF 58

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Friends of Nan Hayworth

Full Name (Last, First, Middle Initial)

STACEY SMITH

A.

Mailing Address 6366 WATERWAY DRIVE

City

FALLS CHURCH

State

VA

Zip Code

22044-1321

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LIBERTY PARTNERS GROUP

Occupation

LOBBYIST

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

5200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		27		2013

Transaction ID : SA11.8239

Amount of Each Receipt this Period

5200.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

STACEY SMITH

B.

Mailing Address 6366 WATERWAY DRIVE

City

FALLS CHURCH

State

VA

Zip Code

22044-1321

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LIBERTY PARTNERS GROUP

Occupation

LOBBYIST

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

5200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		27		2013

Transaction ID : SA11.8239B

Amount of Each Receipt this Period

-2600.00

CONTRIBUTION

[MEMO ITEM]

REDESIGNATION TO GENERAL

Full Name (Last, First, Middle Initial)

STACEY SMITH

C.

Mailing Address 6366 WATERWAY DRIVE

City

FALLS CHURCH

State

VA

Zip Code

22044-1321

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LIBERTY PARTNERS GROUP

Occupation

LOBBYIST

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

5200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		27		2013

Transaction ID : SA11.8309

Amount of Each Receipt this Period

2600.00

CONTRIBUTION

[MEMO ITEM]

REDESIGNATION FROM PRIMARY

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

5200.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 31 OF 58

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Friends of Nan Hayworth

Full Name (Last, First, Middle Initial)

CAROL STEINER

A.

Mailing Address 24 OLD WAGON ROAD

City

MOUNT KISCO

State

NY

Zip Code

10549-4901

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

FUND RAISER

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		30		2013

Transaction ID : SA11.8292

Amount of Each Receipt this Period

2600.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

JUDY STEINHARDT

B.

Mailing Address 1158 FIFTH AVENUE

16A

City

NEW YORK

State

NY

Zip Code

10029-6917

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

UNEMPLOYED

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

5200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		30		2013

Transaction ID : SA11.8320

Amount of Each Receipt this Period

2600.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

JUDY STEINHARDT

C.

Mailing Address 1158 FIFTH AVENUE

16A

City

NEW YORK

State

NY

Zip Code

10029-6917

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

UNEMPLOYED

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

5200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		30		2013

Transaction ID : SA11.8321

Amount of Each Receipt this Period

2600.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

7800.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

FOR LINE NUMBER:

PAGE 32 OF 58

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Friends of Nan Hayworth

Full Name (Last, First, Middle Initial)

SOLOMON S. STEINER

A.

Mailing Address 24 OLD WAGON ROAD

City

MOUNT KISCO

State

NY

Zip Code

10549-4901

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
STEINER VENTURESOccupation  
MANAGING PARTNER

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		30		2013

Transaction ID : SA11.8278

Amount of Each Receipt this Period

2600.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

LAURA J. STURZ

B.

Mailing Address 6 AUTUMN RIDGE ROAD

City

POUND RIDGE

State

NY

Zip Code

10576-1400

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LINDA'S COOKIESOccupation  
PRESIDENT

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		30		2013

Transaction ID : SA11.8283

Amount of Each Receipt this Period

400.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

RAMON A. SUAREZ

C.

Mailing Address 725 N. ISLAND DRIVE, NW

City

ATLANTA

State

GA

Zip Code

30327-4619

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYEDOccupation  
PHYSICIAN

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
07		05		2013

Transaction ID : SA11.8217

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

4000.00



**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 33 OF 58

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**Friends of Nan Hayworth**

Full Name (Last, First, Middle Initial)

**BILL SULLIVAN****A.**

Mailing Address 135 FIVE MILE RIVER ROAD

City

DARIEN

State

CT

Zip Code

06820-6235

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BRIGHTON HEALTH PARTNERS

Occupation

HEALTHCARE

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2013

**Transaction ID : SA11.8261**

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**DENIS TAURA****B.**

Mailing Address 90 MONTADALE DRIVE

City

PRINCETON

State

NJ

Zip Code

08540-7635

FEC ID number of contributing  
federal political committee.

C

Name of Employer

D TAURA &amp; ASSOCIATES

Occupation

CPA

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2013

**Transaction ID : SA11.8293**

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**ARISTIDIS THANOS****C.**

Mailing Address 268 S. HIGHLAND AVENUE

City

OSSINING

State

NY

Zip Code

10562-6104

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LANDMARK DINER

Occupation

OWNER

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2013

**Transaction ID : SA11.8328**

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

6000.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 34 OF 58

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Friends of Nan Hayworth

Full Name (Last, First, Middle Initial)

WILLIAM W. TUNG

A.

Mailing Address 82 RANDOM FARMS CIRCLE

City

CHAPPAQUA

State

NY

Zip Code

10514-1000

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MOUNT KISCO MEDICAL GROUP

Occupation

PHYSICIAN

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		30		2013

Transaction ID : SA11.8259

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

MR. SCOTT VALLAR

B.

Mailing Address 21 BISBEE LANE

City

BEDFORD HILLS

State

NY

Zip Code

10507-2205

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GUARD HILL ADVISORS

Occupation

INVESTMENT ADVISOR

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		28		2013

Transaction ID : SA11.8243

Amount of Each Receipt this Period

1250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

DR. RICHARD WALDMAN

C.

Mailing Address 6100 WOLFEBORO ROAD

City

JAMESVILLE

State

NY

Zip Code

13078-9304

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ASSOCIATES FOR WOMEN'S MEDICINE

Occupation

PHYSICIAN

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
07		05		2013

Transaction ID : SA11.8117

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3250.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 35 OF 58

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**Friends of Nan Hayworth**

Full Name (Last, First, Middle Initial)

**ROBERT WEISZ****A.**Mailing Address **800 WESTCHESTER AVENUE  
SUITE N601**

City	State	Zip Code
<b>RYE BROOK</b>	<b>NY</b>	<b>10573-1331</b>

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
**RPW GROUP**Occupation  
**PRESIDENT**

Receipt For: 2014

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
<b>08</b>		<b>01</b>		<b>2013</b>

**Transaction ID : SA11.8223**

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**MITCHELL A. YELEN****B.**Mailing Address **8925 SW 102 TERRACE**

City	State	Zip Code
<b>MIAMI</b>	<b>FL</b>	<b>33176-3013</b>

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
**PINCHASIK YELEN MUSKAT STEIN, LLC**Occupation  
**TAX ATTORNEY**

Receipt For: 2014

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
<b>09</b>		<b>30</b>		<b>2013</b>

**Transaction ID : SA11.8257**

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**MARGARET YU****C.**Mailing Address **90 SAGAMORE RD**

City	State	Zip Code
<b>BRONXVILLE</b>	<b>NY</b>	<b>10708-1505</b>

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
**NEW YORK NEUROLOGICAL SURGERY, P.C.**Occupation  
**ATTORNEY**

Receipt For: 2014

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
<b>09</b>		<b>30</b>		<b>2013</b>

**Transaction ID : SA11.8250**

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

3000.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 36 OF 58

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**Friends of Nan Hayworth**

Full Name (Last, First, Middle Initial)

**MAGGIE'S LIST****A.**

Mailing Address 610 S. BOULEVARD

City

TAMPA

State

FL

Zip Code

33606

FEC ID number of contributing  
federal political committee.**C** C00469023

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		30		2013

**Transaction ID : SA11A.1827**

Amount of Each Receipt this Period

500.00

**[MEMO ITEM]**TOTAL EARMARKED THROUGH CONDUIT PAC  
LIMIT NOT AFFECTED

Full Name (Last, First, Middle Initial)

**ROSILYN KAZANJIAN****B.**

Mailing Address P.O. BOX 4398

City

MIDDLETOWN

State

RI

Zip Code

02842-0398

FEC ID number of contributing  
federal political committee.**C**

Name of Employer

SELF

Occupation

PHYSICIAN

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		30		2013

**Transaction ID : SA11.8275**

Amount of Each Receipt this Period

500.00

CONTRIBUTION

EARMARKED THROUGH MAGGIE'S LIST CONDUIT  
RECEIVED 09/30/13

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M	/	D D	/	Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

500.00

135750.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 37 OF 58

<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
------------------------------------	-------------------------------------	--	------------------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

**Friends of Nan Hayworth**

Full Name (Last, First, Middle Initial)

**MAGGIE'S LIST****A.**

Mailing Address 610 SOUTH BOULEVARD

City

TAMPA

State

FL

Zip Code

33606-2693

FEC ID number of contributing  
federal political committee.**C**

C00469023

Name of Employer

Occupation

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		30		2013

**Transaction ID : SA11.8323**

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**BILLY LONG FOR CONGRESS****B.**

Mailing Address 3246 E. RIDGEVIEW

City

SPRINGFIELD

State

MO

Zip Code

65804-4076

FEC ID number of contributing  
federal political committee.**C**

C00460063

Name of Employer

Occupation

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		17		2013

**Transaction ID : SA11.8230**

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**ALLIANZ OF AMERICA CORP./FIREMANS FUND PAC****C.**

Mailing Address 1101 CONNECTICUT AVE., N.W., #950

City

WASHINGTON

State

DC

Zip Code

20036-4377

FEC ID number of contributing  
federal political committee.**C**

C00095109

Name of Employer

Occupation

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		21		2013

**Transaction ID : SA11.8235**

Amount of Each Receipt this Period

750.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....

4250.00

**TOTAL** This Period (last page this line number only).....

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 38 OF 58

☐ 11a ☐ 11b ☒ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

Full Name (Last, First, Middle Initial)

**JOBS, ECONOMY AND BUDGET FUND**

Mailing Address PO BOX 30844

City

BETHESDA

State

MD

Zip Code

20824-0844

FEC ID number of contributing  
federal political committee.

C

C00420695

Name of Employer

Occupation

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
09 30 2013

Transaction ID : SA11.8289

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**THE AMERICAN CONGRESS OF OB-GYNS PAC**

Mailing Address 409 12TH STREET, SW

City

WASHINGTON

State

DC

Zip Code

20024-2125

FEC ID number of contributing  
federal political committee.

C

C00364158

Name of Employer

Occupation

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
07 05 2013

Transaction ID : SA11.8218

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:



Primary



General



Other (specify)

Election Cycle-to-Date

Date of Receipt

M M / D D / Y Y Y Y

Amount of Each Receipt this Period

3500.00

7750.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 39 OF 58

<input type="checkbox"/> 11a 12	<input checked="" type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**Full Name (Last, First, Middle Initial)  
**NAN HAYWORTH**

Mailing Address P.O. BOX 394

City	State	Zip Code
FISHKILL	NY	12524

FEC ID number of contributing  
federal political committee.**C** C00466490

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

8527.39

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2013

Transaction ID : SA13A.1857

Amount of Each Receipt this Period

8527.39

CANDIDATE LOAN

CANDIDATE LOAN

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing  
federal political committee.**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing  
federal political committee.**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

8527.39

8527.39

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Friends of Nan Hayworth**

Full Name (Last, First, Middle Initial)

**A. NAN HAYWORTH**

Mailing Address P.O. BOX 189

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		30		2013

City	State	Zip Code
MOUNT KISCO	NY	10549

Amount of Each Disbursement this Period

18385.51
----------

Purpose of Disbursement  
EXPENSE REIMBURSEMENT: SEE BELOWCategory/  
Type

Transaction ID : SB17.I1858

Candidate Name

EXPENSE REIMBURSEMENT: SEE BELOW

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District: 00

Full Name (Last, First, Middle Initial)

**B. APPEAL PRESS SERVICE**

Mailing Address 34 SOUTH BROADWAY

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		02		2013

City	State	Zip Code
WHITE PINES	NY	10601

Amount of Each Disbursement this Period

1855.00
---------

Purpose of Disbursement  
MEMO: PRINTINGCategory/  
Type

Transaction ID : SB17.I1859

[MEMO ITEM]

MEMO: PRINTING

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District: 00

Full Name (Last, First, Middle Initial)

**C. BLACKBAUD INC.**

Mailing Address 1255 23RD STREET, NW, STE. 650

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		17		2013

City	State	Zip Code
WASHINGTON	DC	20037

Amount of Each Disbursement this Period

500.00
--------

Purpose of Disbursement  
MEMO: CAMPAIGN SOFTWARECategory/  
Type

Transaction ID : SB17.I1860

[MEMO ITEM]

MEMO: CAMPAIGN SOFTWARE

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District: 00

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

18385.51



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Friends of Nan Hayworth**

Full Name (Last, First, Middle Initial)

**A. CMDI**

Mailing Address 5055 SEMINARY ROAD, #612

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		22		2013

City	State	Zip Code
ALEXANDRIA	VA	22311

Amount of Each Disbursement this Period

4717.50
---------

Purpose of Disbursement  
MEMO: CREDIT CARD PROCESSING FEECategory/  
Type

Transaction ID : SB17.I1861

**[MEMO ITEM]**

MEMO: CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:	House	Disbursement For: 2014
	Senate	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
	President	<input type="checkbox"/> Other (specify)

State: District: 00

Full Name (Last, First, Middle Initial)

**B. CRESTLINE HOTELS RESORT**

Mailing Address 3950 UNIVERSITY DR., #301

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		22		2013

City	State	Zip Code
FAIRFAX	MD	22030

Amount of Each Disbursement this Period

726.00
--------

Purpose of Disbursement  
MEMO: LODGINGCategory/  
Type

Transaction ID : SB17.I1862

**[MEMO ITEM]**

MEMO: LODGING

Candidate Name

Office Sought:	House	Disbursement For: 2014
	Senate	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
	President	<input type="checkbox"/> Other (specify)

State: District: 00

Full Name (Last, First, Middle Initial)

**C. FACEBOOK ADVERTISING USA**

Mailing Address 156 UNIVERSITY AVE.

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		30		2013

City	State	Zip Code
PALO ALTO	CA	94301

Amount of Each Disbursement this Period

10561.01
----------

Purpose of Disbursement  
MEMO: INTERNET ADVERTISINGCategory/  
Type

Transaction ID : SB17.I1863

**[MEMO ITEM]**

MEMO: INTERNET ADVERTISING

Candidate Name

Office Sought:	House	Disbursement For: 2014
	Senate	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
	President	<input type="checkbox"/> Other (specify)

State: District: 00

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

0.00
------

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Nan Hayworth

Full Name (Last, First, Middle Initial)

**A. AMERICAN EXPRESS SETTLEMENT**

Mailing Address P.O. BOX 53852

City	State	Zip Code
PHOENIX	AZ	85072

Purpose of Disbursement  
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State: District: 00

Date of Disbursement

M M / D D / Y Y Y Y
07 / 05 / 2013

Amount of Each Disbursement this Period

1498.21
---------

Transaction ID : SB17.I1850

CREDIT CARD PROCESSING FEE

**B. AMERICAN EXPRESS SETTLEMENT**

Mailing Address P.O. BOX 53852

City	State	Zip Code
PHOENIX	AZ	85072

Purpose of Disbursement  
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State: District: 00

Date of Disbursement

M M / D D / Y Y Y Y
08 / 05 / 2013

Amount of Each Disbursement this Period

1493.42
---------

Transaction ID : SB17.I1852

CREDIT CARD PROCESSING FEE

**C. ATLASSTAR**

Mailing Address 453 ROUTE 9, PO BOX 436

City	State	Zip Code
FISHKILL	NY	12524

Purpose of Disbursement  
PRINTING

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2012

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State: District: 00

Date of Disbursement

M M / D D / Y Y Y Y
09 / 11 / 2013

Amount of Each Disbursement this Period

505.40
--------

Transaction ID : SB17.I1842

PRINTING

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

3497.03

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

**Friends of Nan Hayworth**

Full Name (Last, First, Middle Initial)

## **A. BSB SOLUTIONS**

Mailing Address 3538 SOUTH WAKEFIELD ST.

City ARLINGTON State VA Zip Code 22206

Purpose of Disbursement  
COMPLIANCE SERVICES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District: 00

Date of Disbursement

M M / D D / Y Y Y Y  
09 / 11 / 2013

Amount of Each Disbursement this Period

2000.00

Transaction ID : SB17.I1838

COMPLIANCE SERVICES

## **B. BSB SOLUTIONS**

Mailing Address 3538 SOUTH WAKEFIELD ST.

City ARLINGTON State VA Zip Code 22206

Purpose of Disbursement  
COMPLIANCE SERVICES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District: 00

Date of Disbursement

M M / D D / Y Y Y Y  
08 / 01 / 2013

Amount of Each Disbursement this Period

2000.00

Transaction ID : SB17.I1864

COMPLIANCE SERVICES

## **C. CMDI**

Mailing Address 5055 SEMINARY ROAD, #612

City ALEXANDRIA State VA Zip Code 22311

Purpose of Disbursement  
CAMPAIGN SOFTWARE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District: 00

Date of Disbursement

M M / D D / Y Y Y Y  
08 / 21 / 2013

Amount of Each Disbursement this Period

800.00

Transaction ID : SB17.I1840

CAMPAIGN SOFTWARE

**SUBTOTAL** of Disbursements This Page (optional).....

**TOTAL** This Period (last page this line number only).....

4800.00

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Nan Hayworth

Full Name (Last, First, Middle Initial)

**A. CMDI**

Mailing Address 5055 SEMINARY ROAD, #612

Date of Disbursement

M M	D D	Y Y Y Y
08	12	2013

City	State	Zip Code
ALEXANDRIA	VA	22311

Amount of Each Disbursement this Period

800.00
--------

Purpose of Disbursement  
CAMPAIGN SOFTWARE

Transaction ID : SB17.I1841

Candidate Name

Category/  
Type

CAMPAIGN SOFTWARE

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District: 00

Full Name (Last, First, Middle Initial)

**B. MCLAUGHLIN & ASSOCIATES**

Mailing Address 566 SOUTH ROUTE 303

Date of Disbursement

M M	D D	Y Y Y Y
09	11	2013

City	State	Zip Code
BLAUVELT	NY	10913

Amount of Each Disbursement this Period

2000.00
---------

Purpose of Disbursement  
POLLING

Transaction ID : SB17.I1839

Candidate Name

Category/  
Type

POLLING

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District: 00

Full Name (Last, First, Middle Initial)

**C. MERCHANT SERVICES**

Mailing Address 7300 CHAPMAN HIGHWAY

Date of Disbursement

M M	D D	Y Y Y Y
07	01	2013

City	State	Zip Code
KNOXVILLE	TN	37920

Amount of Each Disbursement this Period

1784.77
---------

Purpose of Disbursement  
CREDIT CARD PROCESSING FEE

Transaction ID : SB17.I1849

Candidate Name

Category/  
Type

CREDIT CARD PROCESSING FEE

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District: 00

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

4584.77

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Nan Hayworth

Full Name (Last, First, Middle Initial)

**A. MERCHANT SERVICES**

Mailing Address 7300 CHAPMAN HIGHWAY

City	State	Zip Code
KNOXVILLE	TN	37920

Purpose of Disbursement  
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
State:	District: 00	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		01		2013

Amount of Each Disbursement this Period

202.49
--------

Transaction ID : SB17.I1851

CREDIT CARD PROCESSING FEE

**B. NEW YORK STATE INSURANCE FUND**

Mailing Address 105 CORPORATE PARK DRIVE, #200

City	State	Zip Code
WHITE PLAINS	NY	10604

Purpose of Disbursement  
WORKERS COMP INSURANCE

Candidate Name

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
State:	District: 00	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		12		2013

Amount of Each Disbursement this Period

402.16
--------

Transaction ID : SB17.I1837

WORKERS COMP INSURANCE

**C. PATTON BOGGS, LLP**

Mailing Address 2550 M STREET, NW

City	State	Zip Code
WASHINGTON	DC	20037

Purpose of Disbursement  
LEGAL FEES

Candidate Name

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
State:	District: 00	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		06		2013

Amount of Each Disbursement this Period

2000.00
---------

Transaction ID : SB17.I1854

LEGAL FEES

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

2604.65

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Nan Hayworth

Full Name (Last, First, Middle Initial)

**A. VERIZON**

Mailing Address P.O. BOX 15124

City	State	Zip Code
ALBANY	NY	12212

Purpose of Disbursement  
TELEPHONE SERVICE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☐ Primary ☒ General  
☐ Other (specify)

State: District: 00

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		11		2013

Amount of Each Disbursement this Period

1931.82
---------

Transaction ID : SB17.I1830

TELEPHONE SERVICE

**B.**

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Disbursement this Period

--

**C.**

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Disbursement this Period

--

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1931.82
---------

35803.78
----------

**SCHEDULE C (FEC Form 3)**  
**LOANS**

PAGE 47 OF 58

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC 14

Friends of Nan Hayworth

LOAN SOURCE Full Name (Last, First, Middle Initial)

Nan Hayworth

[PERSONAL FUNDS]

Election: 2010

☒ Primary☐ General☐ Other (specify) ▼

PRIMARY 2010

Mailing Address

P.O. Box 189

City

State

ZIP Code

Mount Kisco

NY

10549

Original Amount of Loan

110000.00

Cumulative Payment To Date

48000.00

Balance Outstanding at Close of This Period

62000.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
09 / 26 / 2009

Date Due

M M / D D / Y Y Y Y

due on demand

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

62000.00

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

PAGE 48 OF 58

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC 15

Friends of Nan Hayworth

LOAN SOURCE Full Name (Last, First, Middle Initial)

**[PERSONAL FUNDS]**

Election: 2010

Nan Hayworth

☒ Primary☐ General☐ Other (specify) ▼

PRIMARY 2010

Mailing Address

P.O. Box 189

City

State

ZIP Code

Mount Kisco

NY

10549

Original Amount of Loan

40000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

40000.00

**TERMS**

Date Incurred

M 09 / D 30 / Y 2009 Y

Date Due

M M / D D / Y Y Y Y  
due on demand

Interest Rate

0.00 % (apr)

Secured:

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

40000.00

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.



**SCHEDULE C (FEC Form 3)**  
**LOANS**

PAGE 49 OF 58

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC 16

Friends of Nan Hayworth

LOAN SOURCE Full Name (Last, First, Middle Initial)

Nan Hayworth

[PERSONAL FUNDS]

Election: 2010

☒ Primary☐ General☐ Other (specify) ▼

PRIMARY 2010

Mailing Address

P.O. Box 189

City

State

ZIP Code

Mount Kisco

NY

10549

Original Amount of Loan

100000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

100000.00

**TERMS**

Date Incurred

M M / D D / Y Y  
12 / 31 / 2009

Date Due

M M / D D / Y Y  
due on demand

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

100000.00

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

PAGE 50 OF 58

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC 28

Friends of Nan Hayworth

LOAN SOURCE Full Name (Last, First, Middle Initial)

Nan Hayworth

**[PERSONAL FUNDS]**

Election: 2010

☐ Primary☒ General☐ Other (specify) ▼

GENERAL 2010

Mailing Address

P.O. Box 189

City

State

ZIP Code

Mount Kisco

NY

10549

Original Amount of Loan

150000.00

Cumulative Payment To Date

15500.00

Balance Outstanding at Close of This Period

134500.00

**TERMS**

Date Incurred

M / M / Y  
03 / 31 / 2010

Date Due

M / M / Y  
/ /Y / Y / Y  
due on demand

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

134500.00

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 51 OF 58

FOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC 30

Friends of Nan Hayworth

LOAN SOURCE Full Name (Last, First, Middle Initial)

Nan Hayworth

**[PERSONAL FUNDS]**

Election: 2010

☐ Primary☒ General☐ Other (specify) ▼

GENERAL 2010

Mailing Address

P.O. Box 189

City

State

ZIP Code

Mount Kisco

NY

10549

Original Amount of Loan

100000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

100000.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
06 / 30 / 2010

Date Due

M M / D D / Y Y Y Y

due on demand

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

100000.00

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

PAGE 52 OF 58

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC 32

Friends of Nan Hayworth

LOAN SOURCE Full Name (Last, First, Middle Initial)

Nan Hayworth

**[PERSONAL FUNDS]**

Election: 2012

☐ Primary☒ General☐ Other (specify) ▼

GENERAL 2012

Mailing Address

P.O. Box 189

City

State

ZIP Code

Mount Kisco

NY

10549

Original Amount of Loan

100000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

100000.00

**TERMS**

Date Incurred

M M / D D / Y Y  
10 / 29 / 2012

Date Due

M M / D D / Y Y  
due on demand

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

100000.00

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 53 OF 58

FOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : AC 35

Friends of Nan Hayworth

LOAN SOURCE Full Name (Last, First, Middle Initial)

Nan Hayworth

[PERSONAL FUNDS]

Election: 2012

☐ Primary☒ General☐ Other (specify) ▼

General - 2012

Mailing Address

P.O. Box 189

City

State

ZIP Code

Mount Kisco

NY

10549

Original Amount of Loan

10033.45

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

10033.45

**TERMS**

Date Incurred

M 12 / D 18 / Y 2012

Date Due

M / D / Y on demand

Interest Rate

0.00 % (apr)

Secured:

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

10033.45

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

PAGE 54 OF 58

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC 33

Friends of Nan Hayworth

LOAN SOURCE Full Name (Last, First, Middle Initial)

Nan Hayworth

**[PERSONAL FUNDS]**

Election: 2012

☐ Primary☒ General☐ Other (specify) ▼

General - 2012

Mailing Address

P.O. Box 189

City

State

ZIP Code

Mount Kisco

NY

10549

Original Amount of Loan

63500.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

63500.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
12 / 21 / 2012

Date Due

M M / D D / Y Y Y Y  
due on demand

Interest Rate

0.00 % (apr)

Secured:

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

63500.00

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

PAGE 55 OF 58

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC 34

Friends of Nan Hayworth

LOAN SOURCE Full Name (Last, First, Middle Initial)

Nan Hayworth

[PERSONAL FUNDS]

Election: 2012

☐ Primary☒ General☐ Other (specify) ▼

General - 2012

Mailing Address

P.O. Box 394

City

State

ZIP Code

Fishkill

NY

12524

Original Amount of Loan

50000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

50000.00

**TERMS**

Date Incurred

M M / D D / Y Y  
04 / 22 / 2013

Date Due

M M / D D / Y Y  
due on demand

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

50000.00

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

PAGE 56 OF 58

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC 35

Friends of Nan Hayworth

LOAN SOURCE Full Name (Last, First, Middle Initial)

Nan Hayworth

Election: 2014

☒ Primary☐ General☐ Other (specify) ▼

Primary - 2014

Mailing Address

PO Box 394

City

State

ZIP Code

Fishkill

NY

12524

Original Amount of Loan

8527.39

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

85274.39

**TERMS**

Date Incurred

M M / D D / Y Y  
09 / 30 / 2013

Date Due

M M / D D / Y Y  
/ /

due on demand

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

85274.39

**TOTALS** This Period (last page in this line only)..... ►

745307.84

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.



**SCHEDULE D (FEC Form 3)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 57 OF 58

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**Friends of Nan Hayworth**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Airnet Group, Inc.**

Nature of Debt (Purpose):

Telephone &amp; Telecomm Services - overpaym

Mailing Address P.O. Box 11181

City State

Zip Code

Chattanooga

TN

37401

Outstanding Balance Beginning This Period

1713.36

Transaction ID : 1

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Cablevision**

Nature of Debt (Purpose):

Cable Television

Mailing Address P.O. Box 9256

City State

Zip Code

Chelsea

MA

02150

Outstanding Balance Beginning This Period

149.33

Transaction ID : 3

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

149.33

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Campaign Solutions**

Nature of Debt (Purpose):

online fundraising / web hosting

Mailing Address 117 North Saint Asaph Street

City

State

Zip Code

Alexandria

VA

22314

Outstanding Balance Beginning This Period

1758.84

Transaction ID : 4

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1758.64

1) **SUBTOTALS** This Period This Page (optional) .....

1907.97

2) **TOTALS** This Period (last page this line number only) .....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) .....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) .....

**SCHEDULE D (FEC Form 3)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 58 OF 58

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**Friends of Nan Hayworth**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**The Management Companies**Nature of Debt (Purpose):  
rent

Mailing Address 78 North STate Road

City State

Zip Code

Briarcliff Manor

NY

10510

Outstanding Balance Beginning This Period

1000.00

Transaction ID : 8

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Verizon**Nature of Debt (Purpose):  
Telephone & Telecomm Services

Mailing Address P.O. Box 408

City State

Zip Code

Newark

NJ

07101

Outstanding Balance Beginning This Period

298.67

Transaction ID : 12

Amount Incurred This Period

0.00

Payment This Period

298.67

Outstanding Balance at Close of This Period

0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional) ..... ▶

1000.00

2) **TOTALS** This Period (last page this line number only) ..... ▶

2907.97

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶

745307.84

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

748215.81